PHYSICAL EXAM

STUDY NAME

Site Number: _____

Pt_ID: _____

Visit Date: ___ ___ / ___ ___ ___ / ___ ___ ___ ___
d d m m m y y y y

Visit Type (circle one):

Screening	Visit 2	Visit 5
Baseline	Visit 3	Completion Visit
Visit 1	Visit 4	

CATEGORY	NORMAL OR ABNORMAL	IF ABNORMAL, DESCRIBE BELOW	CHANGE FROM BASELINE
General Appearance	☐ Normal ☐ Abnormal ☐ Not Examined		☐ Yes ☐ No ☐ NA
HEENT	☐ Normal ☐ Abnormal ☐ Not Examined		☐ Yes ☐ No ☐ NA
Neck	☐ Normal ☐ Abnormal ☐ Not Examined		☐ Yes ☐ No ☐ NA
Chest and Lungs	☐ Normal ☐ Abnormal ☐ Not Examined		☐ Yes ☐ No ☐ NA
Cardiovascular	☐ Normal ☐ Abnormal ☐ Not Examined		☐ Yes ☐ No ☐ NA
Abdomen	☐ Normal ☐ Abnormal ☐ Not Examined		☐ Yes ☐ No ☐ NA
Genitourinary	☐ Normal ☐ Abnormal ☐ Not Examined		☐ Yes ☐ No ☐ NA
Rectal	☐ Normal ☐ Abnormal ☐ Not Examined		☐ Yes ☐ No ☐ NA